



STATE OF WASHINGTON
SMALL SPACE REQUEST
(FOR SPACE UNDER 5000 SQ FT)

(PLEASE TYPE OR PRINT)

OFFICE USE ONLY

DATE OF
REQUEST

DATE OCCUPANCY OR
ACTION NEEDED

SPACE REQUEST NUMBER

REQUESTING AGENCY

PERSON TO CONTACT

AGENCY UNIT TO OCCUPY REQUESTED SPACE

TELEPHONE NO.

FAX NO.

E-MAIL ADDRESS:

AGENCY ADDRESS/MAILSTOP

I CERTIFY THAT THE REQUESTED SPACE IS NECESSARY AND FUNDS ARE AVAILABLE TO IMPLEMENT THIS REQUEST AND THAT ALL INFORMATION IS ACCURATE.

TYPE NAME

TYPE TITLE

AUTHORIZED SIGNATURE (requesting agency) AGENCY HEAD OR DESIGNEE

LOCATION DESIRED:

CITY _____

COUNTY _____

SPECIAL LOCATION FACTORS: _____

TYPE OF SPACE TOTAL SIZE REQUESTED: _____ SF

☐ OFFICE _____ SF ☐ LABORATORY _____ SF ☐ WAREHOUSE _____ SF ☐ LAND _____ SF ☐ CLASSROOM _____ SF

☐ STORAGE _____ SF ☐ OTHER (Specify) _____:

AGENCY OPERATIONS: WILL AGENCY OPERATIONS (1) INCREASE LESSOR'S NORMAL OPERATING COST AND OR (2) EXTEND BEYOND NORMAL BUSINESS HOURS?

☐ YES ☐ NO (Explain) _____

FEATURES DESIRED: (Leased Space Only)

LEASE TERM _____ YEARS, STARTING _____ AND ENDING _____.

☐ OPTION PROVIDING _____

☐ CANCELLABLE AFTER _____ ON _____ DAYS PRIOR NOTICE

☐ OTHER (Specify) _____

RENT TO INCLUDE: ☐ JANITORIAL SERVICES AND ALL UTILITIES IN STD LEASE FORM EXCEPT

☐ ALL ALTERATIONS AND TENANT IMPROVEMENTS

☐ _____ PARKING SPACES

PRESENT OCCUPANCY STATUS OF SUBJECT AGENCY UNIT:

UNIT NOW HOUSED: ☐ IN STATE-OWNED BLDG ☐ IN LEASED SPACE ☐ NOT HOUSED

☐ OTHER (Describe) _____ ☐ PRESENT SIZE _____

CURRENT LEASED FACILITY ADDRESS: _____

PRESENT LEASE NO. _____ PRESENT RENTAL AMOUNT _____ MONTH

EXPIRATION DATE OF PRESENT LEASE _____.

PRESENT LEASE CANCELLABLE AFTER _____, ON _____ DAYS PRIOR NOTICE

PRESENT LEASE OPTIONS PERMIT ☐ EXTENDING TERM TO _____.

☐ ADDING _____ SQ. FT. SPACE AFTER _____, ON _____ DAYS NOTICE

Comments: (description of program, number of staff, program needs, special rooms, etc. – ATTACH ADDITIONAL PAGES IF NECESSARY)

